

UPAT 2004-2005 PRESENTER REQUEST FORM

Please provide all of the information requested below. A completed Presenter Request must be on file in the Tour office before booking for the 2004-2005 season can be confirmed. To ensure equity, the forms will be recorded with the date received and considered on a first-come, first-served basis. Every presenter must file a new form each season. The Council reserves the right to deny a request if paperwork and/or payment from prior years has not been completed.

MAIL FORM TO > Utah Arts Council
617 East South Temple
Salt Lake City, UT 84102

OR FAX FORM TO 801-236-7556
Questions: Call Anna Boulton at 801-236-7546 or email aboulton@utah.gov

You will receive a letter confirming that your request has been received within four weeks.

ORGANIZATION INFORMATION

Name of Organization		Contact Person	
Address		City	ZIP
Day Telephone	Evening/cell	Email	Congressional District
BRIEF DESCRIPTION OF ORGANIZATION (COMPLETE ONLY IF YOU HAVE NOT USED THE TOUR BEFORE.) <i>INCLUDE NONPROFIT STATUS OF AFFILIATION WITH UMBRELLA NONPROFIT, SCOPE OF SERVICES AND PROGRAMS. CAN ATTACH BROCHURES. ETC.</i>			
Has your organization participated in any cultural heritage tourism programs within your community? Yes No If so, please describe the program/s:			
Would you be interested in learning more about cultural heritage tourism and how it may benefit your community? Yes No			

UPAT 2004-2005 REQUESTS

1	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
2	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
3	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
UAC WILL PAY A MAXIMUM OF \$2,000 (Total Subsidy to each organization)				

PRESS PACKET

This year, the presenter will need to contact the artist directly to arrange for press packets and sample CDs. Please check the website for artist contact information.

FACILITY INFORMATION

IF SEVERAL WILL BE USED, ATTACH A BRIEF DESCRIPTION OF ADDITIONAL SPACES USED AND WHICH PERFORMANCES THEY WILL BE USED FOR.	
NAME OF FACILITY	CONTACT PERSON FOR FACILITY
TELEPHONE AT PERFORMANCE SITE	AUDIENCE CAPACITY
TYPE OF FACILITY _____ PROSCENIUM W/O FLY SPACE _____ PROSCENIUM WITH FLY SPACE	
_____ MULTI-PURPOSE AUDITORIUM W/O STAGE _____ MULTI-PURPOSE AUDITORIUM WITH STAGE	
_____ OTHER Please describe	

FOR OFFICE USE ONLY

DATE RECEIVED	ACCEPT LETTER	WAITLIST LETTER
PRESENTER AGREEMENT SENT		
NOTES		